Executive Office of Public Safety and Security
Electronic Control Weapons (ECWs) Use Quarterly Report

Calendar Year 2014

FINAL ✓

Agency Name: Great Barrington Police Department

Individual Completing Report: Timothy Ullrich

Office Telephone Number: 413 528 0306

Date Submitted: 10/15/2014

Reporting Quarter	Reporting Period	Report Due Date
☐ 1st Quarter	January 1st – March 31st, 2014	April 15th, 2014
☐ 2nd Quarter	April 1st – June 30th, 2014	July 15th, 2014
☑ 3rd Quarter	July 1st – September 30th, 2014	October 15th, 2014
☐ 4th Quarter	October 1st – December 31st, 2014	January 15th, 2015

Please provide information that reflects use of ECWs *during this quarter only*. **Approved law enforcement agencies are required to submit this form every quarter even if they have not yet purchased the devices, trained their officers, or utilized the weapons.** In this case, please indicate that there were zero (0) incidents in which ECWs were used this quarter.

If you have any questions about this report, please contact Heather West by phone at 617.725.3354 or via email at Heather.West@state.ma.us.

Part I. Agency Level Information

1. How many sworn officers were in your department at the end of this quarter?	25
2. How many officers have completed the approved training program for ECWs?	24
3. How many ECWs does your department own?	3
4. In how many *incidents* was an ECW involved during this quarter? An incident is an event in which an officer issued a warning and/or deployed an ECW.	4

Note: If the response to Question #4 above is 0, submit only this page to EOPSS. If, however, the response is ≥ 1, submit both page 2 and page 4 to EOPSS.

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B: EXAMPLES OF INCIDENT LEVEL INFORMATION:

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit?	# of Probe Deploy-ments	Did Subject Submit?	# of Stun Deploy-ments	Did Subject Submit?	Subject's Gender	Subject's Race
1A	XX12345	1/1/14	S	No	0	N/A	2	Yes	M	W
1B	C23456	1/1/14	N/A	N/A	1	Yes	0	N/A	M	W
2	11234DE	2/5/14	V	No	0	N/A	1	No	F	B
3	B23456	3/7/14	V, L, S	No	1	No	3	No	M	A
4	W78514	3/15/14	V	Yes	0	N/A	0	N/A	M	H
5	X225844	3/31/14	N/A	N/A	1	Yes	1	No	M	I

C: CURRENT INCIDENT LEVEL INFORMATION*

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit?	# of Probe Deploy-ments	Did Subject Submit?	# of Stun Deploy-ments	Did Subject Submit?	Subject's Gender	Subject's Race
1 [redacted]	X1300091C	7/23/14	V	NO	0	N/A	1	Y	M	W
2A [redacted]	X13000996	8/13/14	V	NO	0	N/A	1	Y	F	W
2B [redacted]	X1300091C	8/13/14	V,S	NO	0	N/A	3	Y	F	W
3 [redacted]	X13000996	9/9/14	V,L	NO	0	N/A	3	Y	M	W
4 [redacted]	X13000996	9/28/14	V	NO	0	N/A	1	Y	F	W

**If necessary, please insert additional columns.*

Part III. Additional Information

If there is any other incident-specific information you would like to report, please use the space below to do so.